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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**☐Declaration
Submitted
with Initial
Filing

OR

☒Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)**Attorney Docket Number**

WRAIR 02-42

First Named Inventor

Jiang

COMPLETE IF KNOWN**Application Number**

10/600,446

Filing Date

06/20/2003

Art Unit**Examiner Name****As the below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Antimalarial Activities of Febrifugine Analogues

(Title of the Invention)

the specification of which

☐

is attached hereto

OR

☒

was filed on (MM/DD/YYYY)

06/20/2003

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

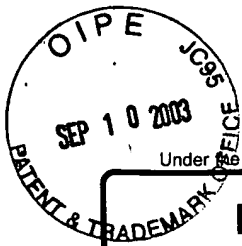
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐

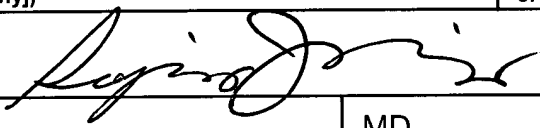
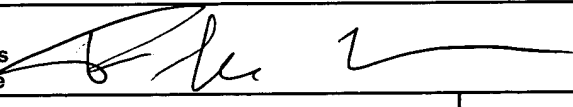
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

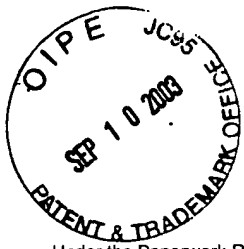
[Page 1 of 2]



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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/>		Customer Number <input type="text"/> OR <input checked="" type="checkbox"/>		Correspondence address below	
Ms. Elizabeth Arwine, Esq.					
Name					
USAMRMC -- Staff Judge Advocate Office					
Address 504 Scott Street					
Frederick City			MD State		21702-5012 ZIP
USA Country		(410) 964-9553 Telephone		(301) 619-5034 Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR :			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name Suping (first and middle [if any])			Family Name Jiang or Surname		
Inventor's Signature 			Date Aug 26, 2003		
Potomac Residence: City		MD State	USA Country	USA Citizenship	
Mailing Address 8809 Tuckerman Lane					
Potomac City		MD State	20854 ZIP	USA Country	
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name Thomas (first and middle [if any])			Family Name Hudson or Surname		
Inventor's Signature 			Date 8/26/03		
Bethesda Residence: City		MD State	USA Country	USA Citizenship	
Mailing Address 5924 Beech Avenue					
Bethesda City		MD State	20817 ZIP	USA Country	
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					



PTO/SB/02A (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 1 of 1**Name of Additional Joint Inventor, if any:**☐ A petition has been filed for this unsigned inventorGiven
Name
WilburFamily Name
or Surname
MilhousInventor's
SignatureDate 8/26/03Germantown
Residence: CityMD
StateUSA
CountryUSA
Citizenship13472 Ansel Terrace
Mailing Address

Mailing Address

City Germantown

MD
State20874
ZIPUSA
Country**Name of Additional Joint Inventor, if any:**☐ A petition has been filed for this unsigned inventorGiven
NameFamily Name
or SurnameInventor's
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

Mailing Address

City

State

ZIP

Country

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or SurnameInventor's
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Residence: City

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Mailing Address

Mailing Address

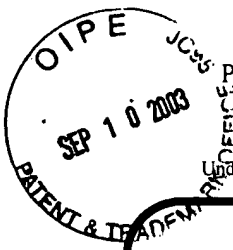
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Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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PTO/SB/81 (02-01)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/600,446
Filing Date	06/20/2003
First Named Inventor	Jiang
Title	Antimalarial Activities...
Group Art Unit	
Examiner Name	
Attorney Docket Number	WRAIR 02-42

I hereby appoint:

☐ Practitioners at Customer Number

Place Customer
Number Bar Code
Label here

☒ **OR**
Practitioner(s) named below:

Name	Registration Number
Ms. Abanti B. Singla, Esq.	36,681
Ms. Elizabeth Arwine, Esq.	45,867

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

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OR
☐ Practitioners at Customer Number

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☒ **Firm or
Individual Name** Elizabeth Arwine, Esq.

Address USAMRMC – Staff Judge Advocate Office

Address 504 Scott Street

City Frederick State MD Zip 21702-5012

Country United States

Telephone (410) 964-9553 Fax (301) 619-5034

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

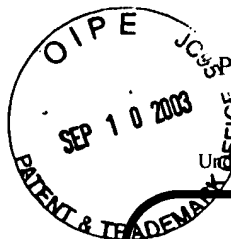
Name Suping Jiang

Signature 

Date Aug. 26, 2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple Forms if more than one signature is required, see below*.

☒ *Total of 3 forms are submitted.



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PTO/SB/81 (02-01)

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<input checked="" type="checkbox"/> Firm or Individual Name	Elizabeth Arwine, Esq.				
Address	USAMRMC – Staff Judge Advocate Office				
Address	504 Scott Street				
City	Frederick	State	MD	Zip	21702-5012
Country	United States				
Telephone	(410) 964-9553	Fax	(301) 619-5034		

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SIGNATURE of Applicant or Assignee of Record

Name Thomas H. Hudson

Signature

Date

8/20/03

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PTO/SB/81 (02-01)

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Firm or
Individual Name

Elizabeth Arwine, Esq.

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Wilbur H. Milhous

Signature

Date

8/26/03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple Forms if more than one signature is required, see below*.

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